

GTFT
APR 4 1918

^{XI}
VOL. XXXIX

No. 4

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

APRIL, 1918

O. C. WELBOURN, A. M., M. D., Editor

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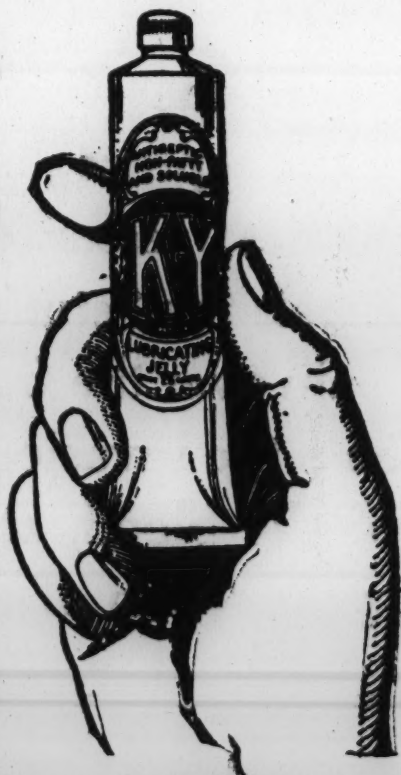
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In our opinion the aim of the Law is to **prevent** beverage alcohol from reaching the public in a **condition** that will enable it to be used as an alcoholic drink. Consequently everyone, including physicians, must conform to the rules, one of which is that only non-beverage alcohol and alcoholic remedies too highly medicated to be employed as a drink, can be used in prescriptions.

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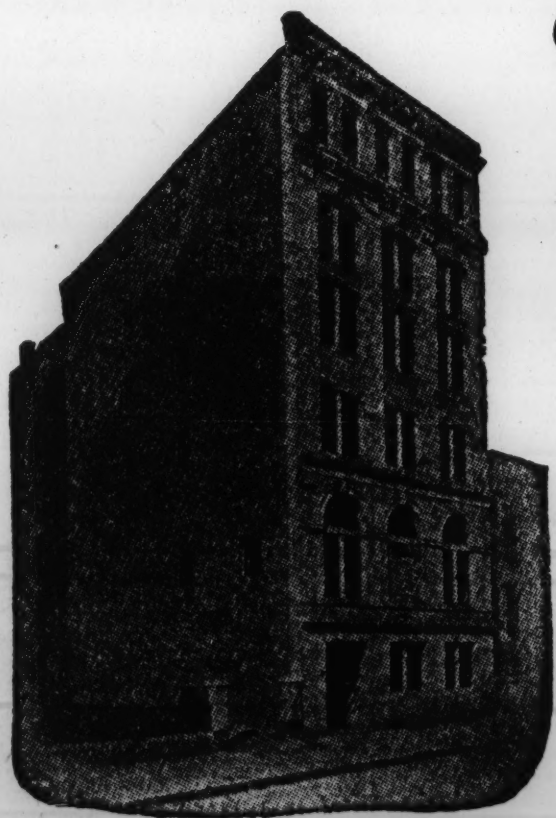
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The California Eclectic Medical Journal

Vol. ~~XXXIX~~ X

APRIL, 1918

No. 4

Original Contributions

HYDROTHERAPY IN TYPHOID FEVER

Frederick W. West, M. D., Los Angeles

Read before the Southern California Eclectic Medical Ass'n.

There is not, perhaps, a single disease common to man which causes the physician more anxiety than that of Typhoid Fever. With its many and varied complications the question is ever before him, what shall he do to meet these emergencies? Doubtless the answer to this question would be many and varied.

It will not be my purpose, however, to attempt any general medical outline of treatment but to touch upon one phase of it only. A moment's reflection over the many articles that constantly appear in the medical journals almost leads one to think that the medical profession is forever looking for cure, but never finding it, seeking perhaps in the remote corners of the earth for remedies or else in the realms of the benzine ring for synthetic preparations, when, if they would look down to their very feet they would find one of the most valuable remedies, **Water**. Water has been used as a remedial agent since history began, but it took Currie, Fleury, Brand, Priessnitz, Wirtenitz and others of recent years to bring it to the front and put it upon a scientific basis, where it now plays the largest part in treatment among our sanitariums. Water is not a cure-all, but nevertheless it is a valuable adjunct to medicine, and if applied along scientific lines astonishing results will be obtained.

Hydrotherapy came into prominence in the treatment of Typhoid Fever when Brand and his followers employed this means of treating fevers. He reduced typhoid mortality won-

derfully, in one series of 1200 cases only 12 died or less than 1%. In another series of 5000 less than 4% died.

Brand's method consisted of emerging the patient in a cold full tub bath at a temperature of 65 to 70 deg. for 10 to 20 minutes and vigorously rubbing the limbs and body while emerged repeating the treatment at intervals of two to four hours, according to rise in temperature. Reduction in temperature was from $\frac{1}{2}$ to 3 deg. Emerging the patient in a bath of this temperature, however, is rather shocking and the treatment has been modified considerably with better results.

In the study of the individual cases we must consider in each case what are all the therapeutic indications present or likely to be present in the case in hand. This may be found by studying, first the etiological, secondly the pathological, and thirdly the clinical symptoms, complications, etc.

Etiological indications: There should be a prevention of further introduction of bacteria by boiling all drinking water or administering only distilled or other water known to be free from micro-organisms.

Pathological indications: To combat the local morbid process in the intestine all foods of a solid nature or food that furnishes a favorable nutrient media should be withheld.

Local and general vital resistance must be increased and maintained, the heart and blood vessels energized to facilitate general blood movement. To increase local resistance of bowel apply a cold compress 55 to 70 deg. F., changing every 10 to 20 minutes, rubbing the surface until red whenever changing the compress or alternate with a hot fomentation occasionally. The compress should be applied throughout the course of the disease. Local pain and congestion may be relieved by applying fomentations to the abdomen or a hot trunk pack for ten minutes every three hours, care should be taken to see that both hands and feet are kept warm. In place of the cold compress a rubber tube coil of sufficient size may be employed to keep the abdomen cool. Two vessels of three to five gallons capacity are placed, one above the level of the patient and the other upon the floor. Cold water at from 50 to 75 deg. is allowed to flow slowly from the higher to the lower level, temperature is maintained in the can by adding ice occasionally. The coil should be replaced by a hot fomentation every 30 minutes for three minutes. To increase and sustain vital resistance there may be employed the cold wet sheet pack of about 60 deg. renewing two or three times as indicated. This energizes in general and encourages heat elimination. The graduated bath is perhaps the best form of a general bath for reduction of temperature. It should be started at a tempera-

ture of 98 and gradually reduced to 80, depending upon the ability of the patient to react, friction of the surface being kept up meanwhile; the bath should last about 30 minutes. The marked advantage of this procedure is that it produces a much less degree of thermic reaction, greatly increases heat elimination and can be managed in such a way to avoid shock. Bath may be given two or three times daily. Cold mitten friction and cold towel rubs are excellent agents for stimulation and easily administered, the temperature ranging from 60 to 40 deg., the treatment repeated every two to four hours. The cold enema should be employed from 80 to 60 deg; it ensures a washing of the bowel and absorption of heat. For stimulation and tonic effects upon the general circulatory system the heart may be strengthened by applying the ice bag to the precordial region for 15 to 30 minutes at two hour intervals. Such applications as the cold mitten and cold towel rubs or cold sheet pack stimulate the peripheral circulation. The main feature to be always remembered is that cold is a vital depressant and heat excitant, and that if the physiological effects are carried too far either way will cause temporary paralysis of the vasomotors and thus destroy the desired results.

Clinical indications: The indications presented by the leading symptoms are as follows: Headache, cold compress 40 to 60 deg. to the head or face, the ice collar, or ice compress, to the neck, the applications of heat and cold may be alternated, one at the back of the neck and the other on the forehead. Hot water bottles may be used in place of cloths, also the rubber coil may be made to fit the head and used in the same manner as on the abdomen. At other times sponging neck and forehead with hot water will give relief. When bronchial conditions develop fomentations applied to the chest about every three hours relieve the cough, during the intervals a heating compress should be applied. Constipation may be relieved by copious enema of 95 deg. twice daily. Diarrhea, a coloclyster 95 deg. following every movement of the bowels, hot enema three pints 105 deg. followed by one pint of cold water at 70 deg. Tympanities, very hot fomentations for five minutes followed by cold compress alternating every one-half or one hour. High enemias of 75 deg. relieve gas. Fever may be handled by resorting to the cooling pack, graduated bath, Brand bath, cold mitten friction, cold towel rubs or cold enemias at stated intervals according to rise in temperature. A high temperature with hot dry skin calls for any of the cold applications above mentioned. When high temperature is accompanied by a cold skin or cyanosis such measures as the

hot blanket pack or hot tub baths should be given first to bring the blood to the surface, then if needed cold applications can be given. For delirium such measures as the ice cap, ice collar, alternate sponging or cold compress to upper spine, prolonged tepid bath 85 deg. (1 to 4 hours), cooling packs three to five changes, and hot foot baths should be used. When gastric irritation is present large fomentations over the stomach or around the body for twenty minutes at a time relieves the irritation. The cold compress should be applied during the intervals until the pain has subsided. This treatment also may be applied to inflammatory conditions of the biliary or splenic systems. Cardiac failure calls for local cold applications to the precordium together with general cold applications such as cold friction or towel rubs, but such severe measures as the Brand bath should be avoided at this time. Where myoendo—or pericardial inflammation exists, hot fomentations for five minutes should be applied to the precardial region alternated by hourly intervals with cold compresses. Where intestinal hemorrhage develops very cold compresses should be applied continuously, but alternated every one-half hour with hot fomentations. Hot leg packs or hot foot baths help to divert the blood from the abdominal cavity. When nephritic complications arise hot blanket packs continued to vigorous perspiration repeating every three or four hours. Hot fomentations should be applied to small of the back at least one half of the time between the blanket packs and alternated with the heating compress. There are other complications that may appear during the disease or during convalescence, but a general idea may be gleaned from the foregoing treatment as to how to meet these emergencies. After the patient is convalescing these general tonic measures should be continued for some two or three months, thus insuring him a good recovery without any likely backset.

INDICATIONS FOR CESARION SECTION

Dr. O. C. Welbourn, Los Angeles

Read before the California State Eclectic Medical Society.

Cesarian section is a serious operation and should not be entered into rashly. The pros and cons must be carefully and conscientiously weighed for there are two lives at stake as well as the physician's reputation. It is generally conceded that the life of the mother is of greater importance than that of the child; but there may be good and sufficient reasons to equal-

ize or even reverse this rule. Therefore each case should be considered upon its merits.

The indications for cesarian section are divided into absolute and relative, and may be stated as follows:

Absolute Indications

1. Impossibility of delivering the fetus even after embryotomy has been performed, caused by a disproportion between size of birth canal and size of fetus. Such conditions may be a deformed and contracted pelvis or an over-grown fetus.

2. Pathological conditions of the mother blocking the parturient canal and impossible of removal, caused by uterine and ovarian tumors, stenosis of cervix or vagina, inflammatory pelvic exudates and malignant disease. In the presence of any one of the above conditions a cesarian section is a necessity and should be performed at the earliest possible hour consistent with whatever preparations it is practical to make in a given case.

Relative Indications

1. Impossibility of delivery without grave injury to mother or fetus, caused by disproportion between the size of the birth canal and size of the fetus, or by mal-position of the fetus.

2. Pathological conditions of the soft parts of the mother producing obstruction in the parturient canal, the removal of which is equally hazardous with cesarian section; caused by tumors, exudates, or stenoses.

3. Eclampsia in the early stage of labor with membranes unruptured and patient in a critical condition.

4. Malpositions of the placenta, such as placenta previa centralis or a detached placenta with marked hemorrhage.

In each and all of the above named relative indications a cesarian section is preferable over any other procedure if the conditions in the particular case are favorable. And, the conditions are favorable in so far as the following requirements can be successfully met.

1. Asepsis is a prime necessity prior to this operation. Has the patient a prior infection of the genital tract or on the body near the field of operation? Has the patient been infected by a careless examiner, or by dirty surroundings? Have the membranes ruptured? Is the uterus already infected? In the presence of an active infection a cesarian section is contra-indicated.

2. Asepsis is a necessity not only during the operation, but also during the post-operative care. Can asepsis be maintained when attained? Are the surroundings such that it is possible

to perform an aseptic major operation? And after the completion of a successful operation can infection be prevented, and the patient carried through the convalescent period?

3. The condition of the patient. Assuming that the patient is free from sepsis, what is her physical condition? Has she any chronic disease? Has she been exhausted by many hours of suffering, and possibly on the verge of collapse?

4. A reasonable skill in the operator and his various assistants is required. Each should have skill in his particular task and experience with each other so that the work of all will co-ordinate. Team work it is called.

When all of the above requirements are present success is assured, because it is a typical case. In the presence of an infection great judgment and skill are required of the operator to decide what operation should be performed. Generally speaking cesarian section is not advisable. With infection absent but surroundings bad the difficulties are many, but not insurmountable. Eternal vigilance may avoid the many pitfalls. When the patient is in a poor condition much can be done to carry her through the operation and skillful post-operative case is a necessity. In the most favorable cases the mortality from cesarian section should be not over one per cent. But we rarely meet such cases and not infrequently the operator fights a losing fight or gives it up before he begins.

A CASE HISTORY

V. Millasich, M. D., Galveston, Texas.

On the 9th day of August, 1917, Mr. H. B. S. came into my office and after introducing himself said that he had been recommended to me about two years ago, but from some reason or other never came. About a month ago he had been recommended to me again and was on the way to my office when some pseudo friend met him on the street and advised him to go to The Mineral Wells (a health resort here in Texas), and said that he would get well there. He went and stayed one month exactly, and now he was worse than before he went. So now he had come to me after all.

Subjective history of the case: Patient had been suffering with stomach for last twenty years, and had had to lose several good positions on its account during that time. Went to different doctors and summer resorts, springs, etc., and during all that time never had a week of perfect rest, but continuous and endless misery. Could hold nothing on his

stomach but tea made of beef extract. Milk soured and in a few minutes would vomit curds like cheese. Had continuous pain in the pit of the stomach, especially severe if food was taken, relief only after vomiting. When the pain was especially severe it radiated downward to both sides, but more to the right. Stool small and white. Continually dizzy and seldom without headache.

Objective signs: The man's expression was anxious, face puffed and the color of clay; breathing short and shallow. Abdomen large and swollen as if containing ascitic fluid.

Physical examination: I placed the patient on the examination table with abdomen exposed and proceeded. I placed my hand on the abdomen and pressed lightly in the epigastric region which caused him great pain. I went over the abdomen as carefully as I could, then found the ascites.

His liver was atrophied, could hardly be felt under the edge of the ribs. Pain radiated downward and to both sides, but more to the right, in the region of the seventh and tenth ribs. The physiognomy was that of carcinoma and ulceration both, but on the subjective history both were excluded. His tongue was small, dry and contracted with yellowish color extending from the tip and sides to brown in the center, there was slight coating in the center of the tongue which resembled tobacco juice, but the man did not chew tobacco; edges of tongue violet color.

Urinalysis: Urine slightly acid, sp. gr. 1.014, no sugar, but slight trace of albumen.

Diagnosis: Gastrodynia, complicated with hepatic atrophy—the latter being the cause of the ascites.

To have made an analysis of the stomach contents after a test meal would have taken at least three days, but being an Eclectic I went after him in an Eclectic manner looking at his countenance, his expression, his physical as well as his physiological signs and his tongue included. I then prescribed for his presenting symptoms and the conditions according to Scudder's Diagnosis, the only difference being that Dr. Scudder was a mono- and I am a poly-pharmacist.

August 9, 1917.—My first prescription was as follows: Tr. Opii $\mathfrak{z}$ lss, Sp. Chionanthus $\mathfrak{z}$ ii, Sp. Piscidia $\mathfrak{z}$ iii, Lac Bismo Harts Qs. oz. iii. Sig $\mathfrak{z}$ i every hour until pain ceases or for three hours, then as required. I ordered Mg. Sulp. oz i after the bowels started moving. Beef bouillon ad libitum during the day. When the bowels were cleaned out change to buttermilk or whole milk and hot water equal parts every three hours oz. vi. Also one slice of toasted bread three times a day in warm bouillon, if agreeable.

August 11.—Man returned to my office with hardly any pain, having taken beef bouillon, buttermilk and bread without any bad effects, feeling more cheerful and in better spirits. This time I added to the above prescription Sp. Iris zl . Now I ordered soft diet; milk, soft boiled eggs, one three times a day, and one slice of well-toasted bread in milk or bouillon. To be continued until his next visit if no bad effects.

August 13.—Patient returned to the office with color in his face saying that he was feeling better than he had for some time, as he had no pain. His color and countenance were brighter and he felt more cheerful. Bowels acting without any assistance, sleeping better than any time in the past ten years.

August 17.—Returned to the office feeling fine, no pain at all, appetite returning. Rx Tr. Opii ziss , Chionanthus zii , Piscidia ziiii , Iris zi . Hydrastis gtt. xx , Lac Bismo Harts qs. oz. iii . Sig zi every two hours. Diet same as before, only increasing gradually, being careful not to over-eat.

August 20.—Medicine ordered refilled. Now I started with electricity on the abdomen, positive on the abdomen, negative on the spine, galvanic and faradic combined, in conjunction with vibrator, for ten minutes. This helped to restore the circulation and the nerve action, also to promote the absorption of the ascitic fluid in the abdominal cavity. I gave him electrical treatments every three days and upon his return after each treatment he looked better and said he felt better.

August 23.—Patient still had some fluid in the abdominal cavity. I changed my prescription to Sp. Elaterium zi , Sp. Sambucus ziiii , Apocynum zss , Cactus zss , Elixir Symplex qs oz iii . Sig. zi in a little water every two hours. In three days ascitic fluid disappeared, also puffiness from the face.

August 26.—Same prescription ordered refilled. Patient continuing to improve, abdomen all normal, but now the patient had a new complaint, saying that his clothes were too big; for this I prescribed a visit to the tailor.

August 30.—Same prescription as above, except that I added Sp. Hydrastis zss . Elixir Symplex qs. iz iii . Teaspoonful every three hours. Diet increased, appetite normal, cheeks rosy, and feeling like a new man. Continued treatment until September 15.

The man's age is 55 years, but he has been suffering from sexual neuresthenia, and now I am treating him for that, and he is improving. When I get through with him, or he with me, he will be a new man.

THE PHARMACAL FIELD

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

Take your old files of the Eclectic Medical Journal (Cincinnati) and turn to the year 1874. There, page 551, you will find a paper from my pen, subject, "To What Do Our Medicinal Plants Owe Their Value?" which I now re-read with much interest. It might well bear reproduction in print, although, were I now writing it, I should state some things a little differently.

An interval of twenty-five years has passed since that article was written, and this time has been mostly spent by me in work that keeps my mind connected with the study of the medicines made of plants. I have met with many disappointments in theory and many curious experiences of fact, but, as a general result, I am strengthened in my opinion to the effect that medicinal agents are not always what we expect, and are seldom, if ever, ready created in nature as man desires to use them. True it is that the crude herbs carry medicinal qualities, but they also carry other materials besides remedial agents, some of these innocuous but burdensome; some of them harmless in themselves, but susceptible of alterations that subsequently prove injurious to the remedial constituents; some of them antagonistic to the uses the physician wishes to make of the part of the drug that he finds curative.

Thus, in many cathartic drugs, we find antagonistic astringents, which, however, if present in certain proportions, are useful as modifiers; in many cases we find associated alkaloids which are very different in action, and in all we find much gum, sugar, starch, chlorophyll, woody matter, etc., which are of no value and may even prove injurious.

The idea that now dominates many pharmacists is that of abstracting one dominant principle from the plant and using that constituent. To this, as is well known, I object (unless the fragment stands alone), believing that one constituent of a drug is seldom, if ever, the same as the drug, if its useful constituents be balanced properly in a liquid preparation. Another scheme which is the base of the principle of making extracts is to abstract from a drug all the constituents a given menstruum will take out of it; to which scheme, on account of its crudeness, I also object, although it is better, perhaps, than that of disorganizing the drug completely by chemical means.

The first of these two methods loses to the physician the

modifying or qualifying action of one or more associated constituents of compounds, while the second encumbers his preparation with all the useless materials that the drug will give to an alcoholic or other menstruum.

But, my friends, while we can thus reason concerning the general facts in the case, it is not so easy to overcome the perplexing problems that confront us when we step into nature's field. It is shown by my own experience that a lifetime may be worn out to little effect in this search into nature's secrets, and I freely admit that after continuous thought and experimentation, many problems concerning Eclectic medicines that have perplexed me since the work began, and have since been persistently prosecuted, are as much problems today as when I commenced to work in this field.

But this is not what I started to say. I intended to repeat that my opinion, voiced twenty-five years ago, is strengthened to the effect that our roots, herbs and barks demand careful and individual study, beginning with the live plant, for they are exceedingly crude when considered as remedial agents, as prepared by nature for nature's purposes.

The question arises, what does this study of drugs demand of him who enters the field? I would answer, the liberation of thought, the uplifting of mind, the casting aside of prejudice, the attempt to escape from ruts that enslave the ideas, and in being prepared to discover that much which one believes, without a question, may be based on false views and erroneous conditions. In other words, the study of facts, as facts appear, may be a study of reflections and not of objects. The student in this field must be ever ready to relinquish the errors of previous authority, even though that authority be one's own self.

To go a step further, my experience has been that a drug constituent may be useful in one place and harmful in another, and yet it may require a lifetime of experimentation and the expenditure of a small fortune to determine just where it is useful and where it is objectionable. I also learned that a proximate constituent may be physiologically active, and even be the conspicuous physiological constituent of a drug, and yet, for a particular use to which physicians desire to put a preparation of the drug, may be actually harmful. The dominating constituent may cover and mask others, which, were it lessened in amount, or abstracted entirely, would leave a remedy invaluable for affections that never can be reached while that overtopping objectionable constituent is present.

For this reason, while assay processes can determine the question as to whether an official pharmaceutical preparation

is a fair representative of a drug as concerns some one poisonous or chemically active constituent, such a process will not determine the value of an unofficial preparation in therapy where it is perhaps desirable to not only lessen the proportion of an agent, but even eliminate it altogether. Thus, the assay of official podophyllum fluid extract should yield a certain amount of resin of podophyllum, which is the active cathartic principle of that drug, but for the alterative value of the drug, as exemplified by the late Professor Scudder thirty years ago, the resin is not only useless but objectionable. This example could be enlarged upon, but it illustrates how it is that a study of drugs in connection with particular symptoms may render it not only desirable to balance certain natural constituents, but may even show that when the dominant poison or chemically active principle is removed, the remaining principles possess a specific value that can never be determined by administering the crude percolate or tincture.

But to determine just how to produce such a balanced preparation, and to eliminate the objectionable constituent from its useful associates requires years of close work in connection with associated therapeutical experimentation that extends over a great period. The expense and labor in a single case is often enormous, and may be compared to the labor and expense of the evolution that we find in any branch of science or arts, which, by persistent thought and work, heralds results of great value to mankind.

A single example, well known to all of my Eclectic readers, will suffice to point to this fact. It took me fifteen years to perceive that the colored constituents of hydrastis were worse than useless in the treatment of certain cases in which Dr. King wished to use hydrastis. It required many years to discover just which of the several constituents of the drug he desired to have associated together, and which excluded, and how best to do this. The study of the nature and the proportion of these constituents best fitted to accomplish his object, was in itself a problem, and its presentation produced finally an unofficial preparation that is empirical to the highest degree, in that the struggle towards its final composition began over twenty years ago, and has been carried on step by step experimentally ever since. To this it may be added that the valuable constituents of hydrastis preparations used for other purposes by the physician are either excluded altogether or nearly so from this one, and that the final product bears no mathematical relationship to the associated constituents of the natural drugs, nor should they in the direction Professor King desired to use it. Take this drug as an ex-

ample. Not only does nature never make any two lots of this root identical, but the conspicuous constituents that are valued for one class of diseases are harmful where Professor King wished to use the drug, and hence the preparation, to do its best work, must be correctly balanced, both as to the presence of desirable constituents and such others as modify or disturb them.

But such experimentations take time and money, as all pharmacists discover. They require patience, and they bring constant disappointments. They must be run in systematic parallels, many being carried on simultaneously, else a man would have to live a thousand years in order to study a few drugs. Such researches and the attendant disappointments lead the searcher finally to an understanding of conditions that teach him how insignificant he may be in the face of this great unknown. It tends to make him respect authority for the helpful errors of authority, and to have charity for the enthusiastic self-confidence of men who step into this great field with magnified opinions of themselves, as they lean on authority that he appreciates is surrounded by untouched fields and is closely bound to error.

This study of galenical drugs I say again, as I wrote twenty-five years ago, and venture to repeat, is a mighty work. No man who runs a pharmacal hobby can long hold that hobby and work it conscientiously unless that hobby be the thought that man is very small, and the field about infinitely great. Let me close by saying that I would not write this personal communication to others than the readers of a journal with which I have been in close touch for many, many years, and by whom I feel that a voiced reverie such as this, will be as kindly taken, as though we sat together and talked over matters in common that have long concerned us. Nor would I write it were I not in hopes that it might command the attention of some men who feel that medicine is perfect, and consider the pharmacal field a place for superficial thought.

THE GREAT DUTY

As we go about our daily tasks in peace and safety men are dying every minute on the battlefields of Europe to save civilization. Our own gallant soldiers are shedding their blood in France and our sailors engulfed in the waters of the Atlantic as they go in defense of America's rights and honor.

Upon our performance of the work committed to us depend the lives of thousands of men and women, the fate of many nations, the preservation of civilization and humanity itself; and the more efficient and prompt we people of America

are in doing our part, the more quickly will this war come to an end and the greater the number of our soldiers and sailors who will be saved from death and suffering, and the greater number of the people of other nations released from bondage and saved from death.

To work, to save, to economize, to give financial support to the Government is a duty of the Nation and to the world, and it is especially a duty to our fighting men who on land and sea are offering their lives for their country and their countrymen.

THE LIBERTY LOAN HONOR FLAG

A new and distinctive feature will be introduced in the Third Liberty Loan campaign, and every city or town in the country which subscribes more than its quota of Liberty Bonds will be awarded by the Treasury Department an Honor Flag.

The flag will be 36 inches wide and 54 inches long. The body of the flag will be white with a broad red border, and three broad blue vertical stripes denoting the Third Loan. The flags, which will be of the same quality as the flags of the navy, are already being manufactured and will be awarded as fast as the right to fly them is won. Though awarded by the Treasury Department, they will be distributed by the Liberty Loan committees of the different districts.

There will also be a National Honor Flag for each State, to be flown at the state capitol, with the name of each town winning a flag inscribed upon it. There will be also preserved in the United States Treasury a National Honor Flag, with the record of each state recorded on it.

Stars, to be placed on the flag of each city or town doubling its quota, will be also awarded, and an additional star for each time the quota is doubled.

An Honor Roll, containing the names of all subscribers, but not the amount of the individual subscriptions, will be kept in each community. A window card, bearing a representation of the Honor Flag, will be given each subscriber to the loan, to be displayed at the home or place of business.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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SOMETHING DOING

People who are sick want something done and usually they want it done right away. Particularly is this true if the patient be a novice at being sick. Such a man may put on a brave front, but down in his inmost soul he believes that he is going to die. And as the average person does not want to die he sends for the individual whom he believes can prevent this catastrophe. Said individual may be a healer of the common garden variety known as an M. D. or he may be one of the varieties with a natural habitat in the Orient, the fact remains, however, that the patient expects something to be done for his relief. It may be impossible, but it is possible to find one or more parts of his physical machinery that are complaining and to immediately set about rectifying the wrong. Such a course appeals to the patient, and if the in-the-way members of the family are set something to do also, oil is indeed poured upon the troubled waters.

RELIGION AND PSYCHIATRY

W. W. Young, M. D., Atlanta, Ga.

"Man is incurably religious." Throughout the annals of history, man's religion has been of profound political and individual influence. This influence has varied with the type of race and with the moral and intellectual enlightenment in that particular environment. This religious tendency, if we may use such a term, has been woven into the warp and woof of the individual and national psyche.

The Hebrew of biblical times was a mystic. His interpretations of natural phenomena were based on this characteristic. These interpretations, in turn, had a most remarkable influence on the psychical life, fostering a tendency to abnormal manifestation in that sphere. This tendency consisted largely in the removal of the inhibitory factors of the conscious with a domination of affective phenomena. Thus mysticism made its impress and there are accounts of all sorts of abnormal psychical manifestations.

We have the accounts of seemingly miraculous events occurring in these periods, all probably mystical interpretations of natural phenomena. Just as the North American Indian, seeing a cloud in the form of a horseman over the mountain range, will report to his fellow tribesman the approach of a gigantic horseman riding over the mountains, so the mystical Hebrew will give miraculous interpretation to a natural event. This interpretation, in turn, would have a profound influence on the movements of the tribes. In the days of Greek or Roman dominance, the oracular utterances of sybils, priests, etc., given in states of abnormal psychical or emotional excitation, had profound influence on the fate of armies and empires. So throughout antiquity mystical interpretations were of the utmost importance in shaping individual and national life.

Christian Ethics

Then, with the advent of Christ, came new ideas as to both the present and future life of man. The religion of the Hebrews was rather an every-day religion, having to do largely with the manner of living from day to day; ethical standards and rules to govern daily routine. God entered largely as a factor to guide in the daily life. With the coming of Christ a new sphere, the sphere of the hereafter, of eternity, was opened up to man's vision more vitally, and the question of a future state imposed itself upon man's consciousness. According to a man's life, so was the reward or punishment here-

after. "Whatsoever a man soweth, that shall he also reap." So man became more concerned with the fate of his soul, which, in turn, was dependent on his life in the world he lived in. Christianity offered even to those who had lived inharmoniously, a chance for a happy state in the eternity beyond the grave through re-birth or reformation. Christ's life and passion should be the atoning factors. So man became vitally interested in this re-birth. "A man must be born again"—made over new in spirit.

With this doctrine of re-birth or reformation, introduced to a people essentially mystical and with a tendency to little psychical inhibition or control, of necessity there appeared all sorts of psychical abnormalities. We find Paul's conversion brought about on the road to Damascus by his being struck down by a great light from Heaven with a subsequent blindness, lasting several days. And he heard a voice from Heaven speaking to him.

Religion vs. Hysteria

All of these are very evidently hysterical phenomena engrafted upon a psyche, wrought upon by the mystical factors and the new teachings of the day, and still further fostered by the fact that he had been persecuting these very individuals who were so diligently spreading the gospel of new birth. The suggestiveness of this new doctrine, working upon a psyche receptive in that inhibition was at its lowest, brought these results and Paul confessed to a new birth spiritually. And so we find Paul writing of being caught up into the third Heaven and hearing and seeing wonderful things of which he could not speak. And so the combination of suggestibility in an environment of mysticism and lowered inhibitory control produced abnormal psychical phenomena.

Religious Revivals

We find these same phenomena occurring in our own country in the great revivals which have swept over the land at various periods, usually following upon some era of marked national excitement. There are the revivals of 1800 in Kentucky, the Jonathan Edwards revivals of 1734-1735 which swept the country and lasted for a decade, and in the nineteenth century the revivals in Western New York which originated the "Latter Day Saints," who afterward formed the Great Mormon Colony in the West under Joseph Smith, and so on. All of these great movements were characterized by various abnormal phenomena, the character varying with the type of individuals making up a particular community.

In the Kentucky districts there was marked motor excitement, trembling, jerking, rolling, etc. In some communities passage into trance states predominated. Sometimes large gatherings of people would be struck down as though dead and would lie for hours seeing visions and uttering strange sounds. They would see pillars of fire; would hear voices speaking to them from Heaven, and sometimes appeared to talk in strange tongues. All of these phenomena we can interpret in the light of our present knowledge as hysterical manifestations. Of course they had a profound effect on these very suggestible peoples. Those affected most frequently were those still retaining the more primitive traits; a less active, less exercised consciousness. We find the same phenomena among the country negroes of the South, a primitive race, where "shouting" and the "mourner's bench" play a large role, and where frequent conversions and rank immorality go hand in hand. And so from antiquity, even to our own generation, varying with the intellectual enlightenment and the amount of pervading mysticism, we find these hysterical phenomena occurring where suggestibility, lessened conscious control, and predominance of primitive traits or affects occur.

Religion and Excess

These abnormal phenomena are nearly always of a sexual nature and often lead over into gross sexual excesses. That there is some relationship between religion and sexuality seems with a few exceptions to be accepted as a fact. The real problem of this relationship is the determination of sequence: whether religion is the result of sex, or whether the two simply co-exist in a close bond. The arguments used for their close relationship are all empirical and grow out of the coincident appearance of the two in the lives of individuals; the awakening of sex and religion about the period of adolescence. After religious revivals where there is great religious ecstasy there often follows a period of gross sexual excess. This is especially true among such primitive peoples, as the negro of our country. As James has said, however, we might as well say that religion is the result of a "torpid liver," or that mathematics is the result of sexuality, as to argue from these premises that religion is the result of sex. It remains true, however, that there is a very close relationship. Mixed up with religious observances we have all kinds of sexual imagery. Then there are the so-called "spiritual marriages," the affinity movements, the polygamous movement of the "Latter Day Saints," and the Oneida Creek venture. Or we find in history individual instances which show this relation-

ship; St. Teresa's amatory "Flirtation with the Deity"; Joan of Arc's ecstatic visions, and so on through a long list of historical characters. So the psychical phenomena are often of a sexual nature and closely akin to religion.

Psychoses

Now the basis of all psychoses seems to be a lessening of the inhibitory control of the consciousness and a consequent domination of the acts and ideation of the individual by the sub-consciousness, that part of the individual's psyche, which is made up of crude desires or affects which have been more or less successfully sublimated. The more primitive a people are the less need for sublimation. In the more complex states of civilization, the individual is in constant need of suppressing some emotional outcrop which would otherwise bring him into conflict with environment. Hence, when some strain or stress confronts a psyche, the inhibitory faculty being poorly developed, the crude effects take the upper hand, are the controlling factors, and we find the individual out of harmony with environment. Lombroso has said: "Genius is a symptom of hereditary degeneracy of the epileptoid variety and is allied to moral insanity." It is undoubtedly true that psychical abnormalities have been at the basis of great world upheavals. Joan of Arc was undoubtedly a psychopath, and the great controlling idea of her life which was an outcrop of an abnormal psychical phenomena, influenced the fate of nations.

The Present War

There are those who claim on very good premises that the present stupendous upheaval in Europe is the direct result of the philosophy of a man who died in an insane asylum. Whether a psychopathic tendency is the "sine qua non" of genius must be held in abeyance. The existence of these facts does not discredit the work of genius, however.

Genius

Must we say that the normal man is the "every day" man and that genius is without the bounds of the normal? Decidedly not. The co-existence of a superior intellect and a psychopathic temperament does not prove the necessary correlation of the two. And so the fact that Saul of Tarsus became Paul the Apostle, through the exact mechanism, which did bring about these results, does not discredit the great work which Paul the Apostle undoubtedly accomplished. We should scarcely conceive of a psychopathic temperament being absolutely essential for such results, however, for the intellect

which brings the final results might just as readily work under the stimulus of rational thoughts as under the stress of emotional experiences. And these emotional side-tracks, even though they have brought unheard-of results, are certainly abnormalities.

The normal is the sum total of progress, and he who lags behind is defective. And so we find the peculiar psychical phenomena of religious ecstasy, usually in crowds, the jerking, jumping, rolling, trance states, and what not, are due to the removal of inhibitory control and the superimposition of the subconsciousness—the primitive.

Now we know that the trance states, the motor phenomena, etc., are not religion, nor are they manifestations of religious fervor or of re-birth. They are the net result of suggestion acting upon suggestibility and removed inhibition. And religion is coming to be rationalized. Re-birth, reformation, revival, or what not, are simply terms for the return to normal or to the mean of existing psychical states.

Sin is an abnormal state of mind under the existing environment. It is the sum total of hereditary tendencies and environmental influences. It is a psychosis. In the domain of psychiatry, various and sundry empirical therapeutic measures have been used and still are being tried for the correction of abnormal psychical mechanisms. The oldest is suggestion. Suggestive therapeutics belongs to the class of symptomatic therapy. The true basis of permanent amelioration is through re-education of the individual emotional tendencies.

Now we come to the closest parallel between religion and psychiatry. Suggestive therapeutics has been used in religious observances as long as religion itself has existed probably; that is to say, it is as old as man's awakened consciousness—his traits of introspection and analysis even in their crudest form. When Moses lifted up the serpent in the wilderness, we had a concrete example of suggestive therapy. Christ used it in a broader scope and probably with more understanding than any predecessor, for He said, "Thy faith hath made thee whole," showing a recognition of the basis for suggestive therapy. Catholicism is reeking with shrines, Bambinos, and what not, which have curative properties in some instances through suggestion. "Thy faith hath made thee whole."

Irrational Religion

And Christian Science arises and, basing its dogmas on theories hundreds of years old, older than Christianity, and silly in direct proportion to their age—unwittingly and irra-

tionally brings about cures through the same mechanism. Here is empiricism run wild. In fact rational science is completely banished and these methods are applied indiscriminately to all abnormalities of the psychical or physical.

Let us go further. Sporadically have arisen evangelists throughout the world whose evident intent it was to bring about the regeneration of man. We have had periods of irrational religion using irrational therapy in an irrational way. Great waves of suggestion, hypnosis, auto-suggestion, etc., have swept over the various Christian countries, with a breaking down of conscious control, a superior position of the subconsciousness, and a heightened suggestibility, until we find actual psychical disturbances created. Where good results were obtained, where re-birth was accomplished, suggestive therapy, irrationally applied, was undoubtedly the factor. But, right-minded men with clear vision have seen the perniciousness of such methods, and now there is a swing of the pendulum toward the right side of the issue.

Rational Religion

Rational religion with rational methods has come to stay, no matter how hard the old fogies pull against it. And it would be well for psychiatrists to recognize this movement, to study into it, to see the "rationale" of the whole. There is too much tendency to dismiss anything religious as without the domain or else probably as a causative factor in psychical disturbances and not to recognize the great therapeutic value of the religious route.

With the establishment of "Clinics" for the psychological study of religious manifestation, the theologians are forging ahead marvelously. And they are applying rational therapy to psychical disorders, recognizing moral perversions as psychical disorders.

The basis of rational therapy is re-education of the individual along the lines of emotional atrophy. The basis of rational "re-birth" as well as for psychical restoration. "Man is incurably religious." Why not recognize this fact, and use his religion as a means to his psychical regeneration? A tendency which can bring about such profound results through suggestion, should be harnessed to our purpose. The time is coming when psychiatry and religious methods are so intimately associated that it will be hard to distinguish one from the other.

"Ye men of Athens, I perceive that in all things ye are too superstitious," said Paul on Mars' Hill (Acts 17:22); and he drew a distinct line between what was called religion and

what actually is religion. The Greek word here translated "superstitious" really means worshippers of demons. And demon worship, fetish worship, etc., still taints much which passes as "religion," the word referred to often being translated "reverence." The word "religious" occurs only twice in the New Testament, and the word "religion" only three times, three Greek words being so translated, none of them meaning what we understand as religion today. So, then, the indictment of this paper is true as against much which passes as religion and even as Christianity; but the indictment does not hold against the high ethical conception of the genuinely changed man—the truly religious one. For fear some readers would construe Dr. Young's eminently sensible paper as an attack against faith—which it is not—this note is appended. Medical men should do their part in eliminating from religious movements the objectionable features of which he speaks.—Editor Medical World.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. G. W. Weyl, Decatur, Illinois, is spending the winter in Los Angeles. He is accompanied by his wife.

Dr. Orah Knapp Allen has changed her address from Vallejo, to care of German Hospital, San Francisco, of which institution she is the assistant house physician.

Dr. H. W. Crook, Big Pine, was in the city last month for the purpose of purchasing a new automobile.

Dr. J. R. Buckingham writes that he is enjoying his work very much and is having lots of experience with contagious

diseases. His address is 1st Lieut. J. R. Buckingham, M.R.C., Signal Corps, Aviation School, Rockwell Field, San Diego. Mrs. Buckingham is staying in San Diego.

Prof. and Mrs. J. U. Lloyd are spending several weeks in Los Angeles, guests of Dr. and Mrs. O. C. Welbourn. Prof. Lloyd spoke before the last meeting of the Los Angeles Eclectic Medical Society, which was held at the home of Dr. J. A. Munk.

Dr. and Mrs. H. T. Webster, who went east in the fall to spend a year, froze out early in January and returned to Oakland. They have purchased a new home and expect to continue making that place their home, the address is 301 Oakland Ave. Dr. Webster suffered the loss of his brother, Dr. H. H. Webster, of Cleveland, Ohio, who died from apoplexy on Christmas Day.

Dr. John A. Sasso, after his very severe accident, is convalescing at The Westlake Hospital.

Dr. M. B. Bolton is enjoying some real winter weather while visiting her brother, Dr. M. B. Bolton, in Quincy, Plumas County.

Mrs. Ruth E. Davis died at her home in Sawtelle last month, aged ninety-six years. She was the widow of Dr. Orin Davis, who died a few years ago at an advanced age. Two weeks after the death of Mrs. Davis occurred the death of her son, Asa, aged 72 years.

Dr. W. E. Ryan, French Lick, Indiana, sends his renewal to the Journal and says that he expects to come to California next year. Indiana is all right, but I am sure that Dr. Ryan will think California is better.

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1915

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, Echinacea has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, Echinacea is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the American Dispensatory:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, "Await the voice of time. If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

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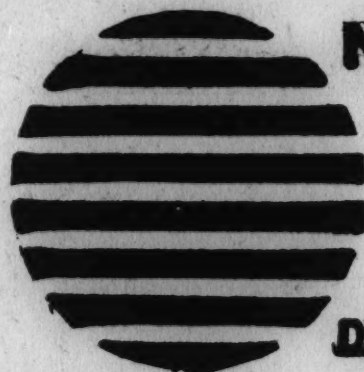
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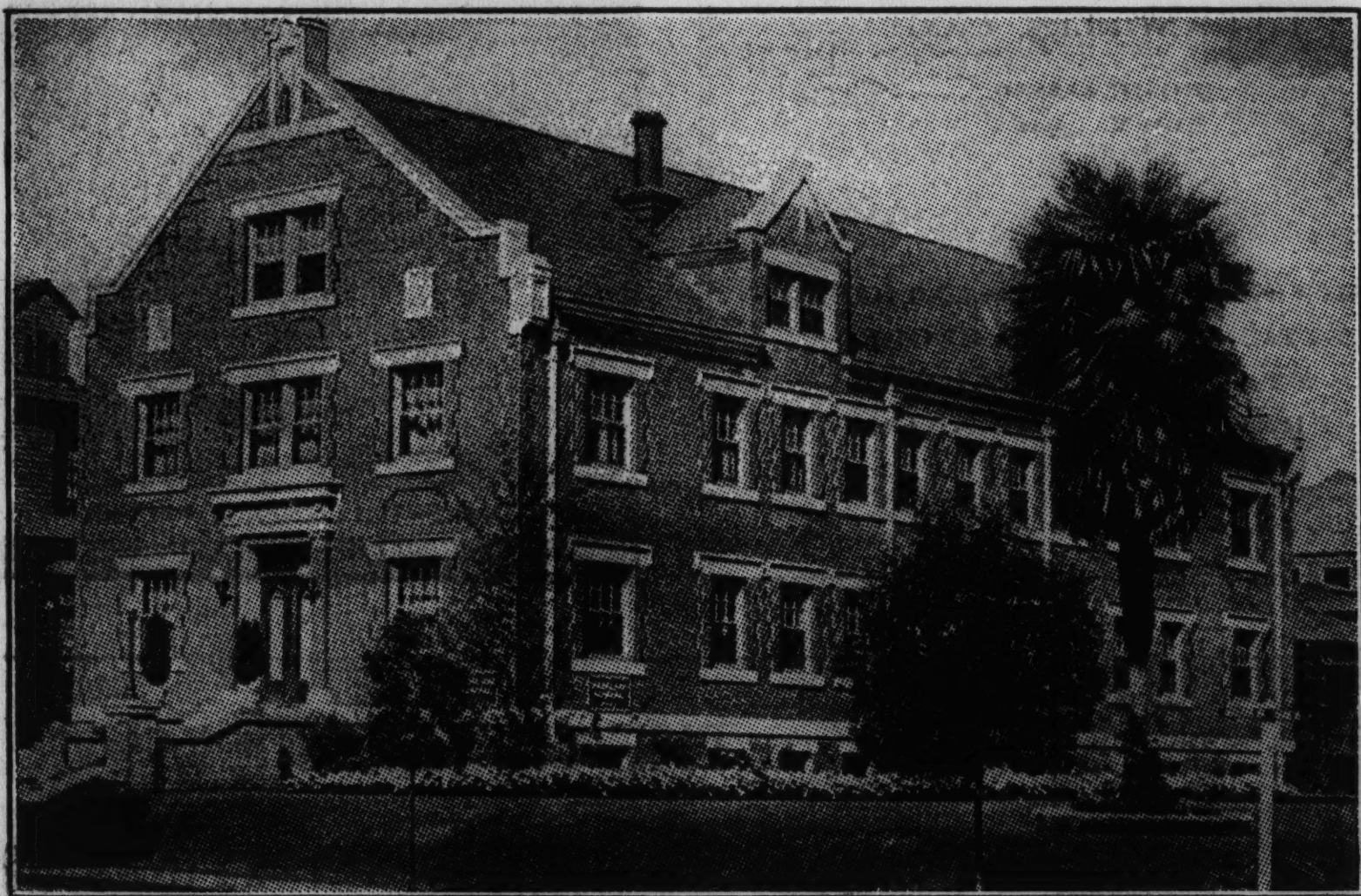
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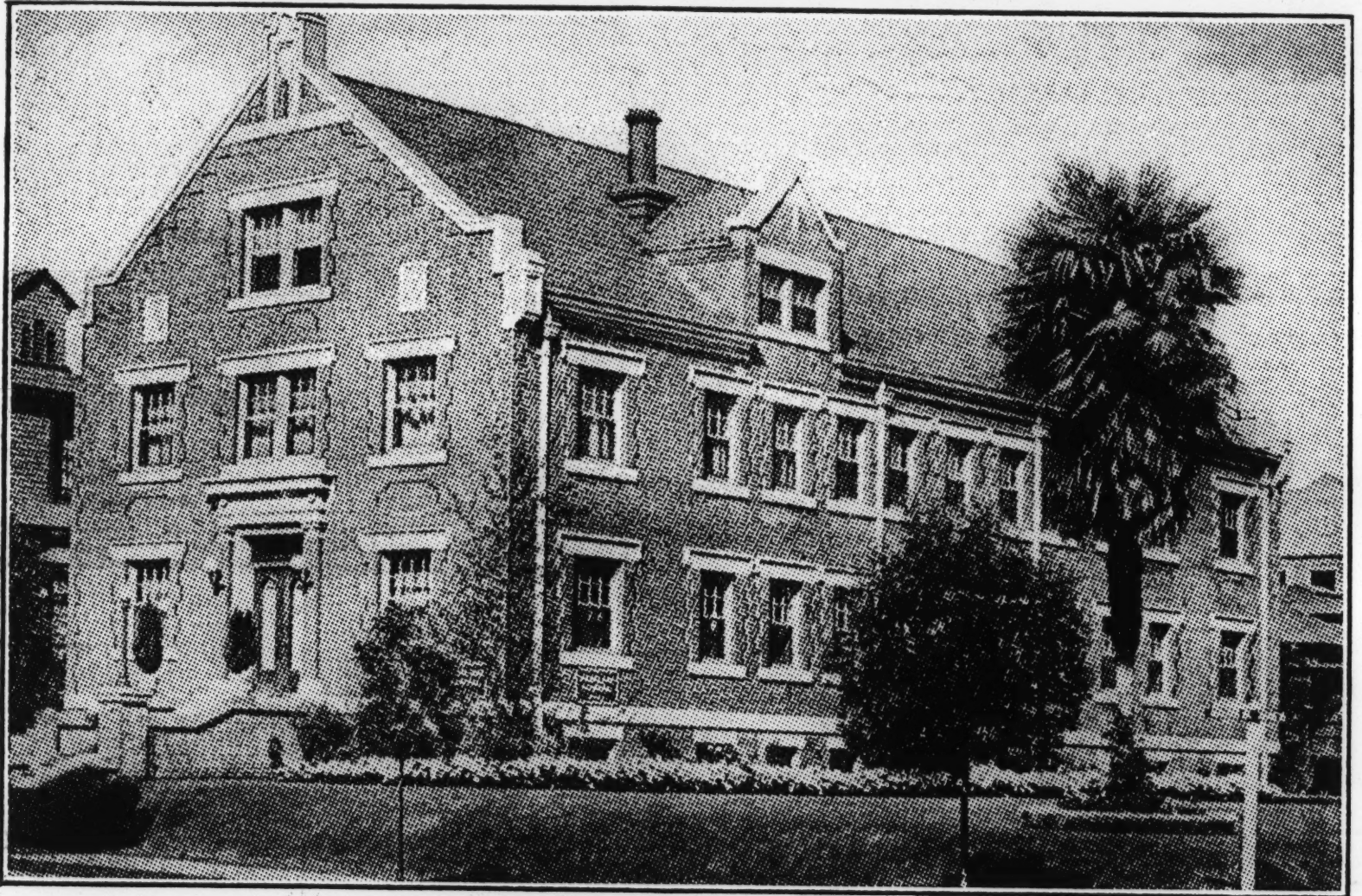
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